

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

**PATENT NUMBER**

**U.S. UTILITY Patent Application**

**L.P.E.**

**PATENT DATE**

SCANNED NR 4 Q.A. Sm

|                              |                 |              |                 |                        |                       |
|------------------------------|-----------------|--------------|-----------------|------------------------|-----------------------|
| APPLICATION NO<br>097891-129 | CONT/PRIOR<br>F | CLASS<br>257 | SUBCLASS<br>296 | ART UNIT<br>281<br>384 | EXAMINER<br>Chaudhary |
|------------------------------|-----------------|--------------|-----------------|------------------------|-----------------------|

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A. D. M. A.

Semiconductor device and method of manufacturing the same

# ISSUING CLASSIFICATION

[illegible]

|  |   |            |           |                                   |                      |
|--|---|------------|-----------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>  | <b>DRAWINGS</b>                         |            |           | <b>CLAIMS ALLOWED</b>             |                      |
|  | Sheets Drwg                             | Figs. Drwg | Print Flg | Total Claims                      | Print Claim for O.G. |
| <input checked="" type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____ (Assistant Examiner) _____ (Date) |            |           | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____   |   |            |           | <b>ISSUE FEE</b>                  |                      |
| <input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____   | _____ (Primary Examiner) _____ (Date)   |            |           | Amount Due                        | Date Paid            |
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